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**PUBLIC HEALTH COMMITTEE PUBLIC HEARING MONDAY MARCH 5, 2007  
BILL # 7161 AN ACT REVISING THE DEFINITION OF ADVANCED NURSING  
PRACTICE**

**Representative Sayres, Senator Handley and members of the Public Health Committee, I am writing as President of the Connecticut Society of Nurse Psychotherapists (CSNP) and as a psychiatric mental health APRN in the practice of psychotherapy and pharmacotherapy for many years, to ask you to support Bill #7161. I have been in the practice of pharmacotherapy for so many years that I have had a number of different collaborative arrangements and have been fortunate to have worked with some willing and congenial physicians. That was only possible however, because I knew a number of physicians well enough and they knew me well enough to establish contractual relationships with me. Psychiatric APRNs just coming into the State, or newly practicing APRNs, are not as fortunate and often cannot find a willing physician.**

**As my practice has grown to more than 200 patients and I receive many new calls every week from people seeking evaluation and treatment and from therapists of other disciplines who want to refer patients for medication evaluations, I have felt compelled to establish contractual agreements with two different physicians simultaneously. I have done this because I need the security of believing that I would not have to abruptly stop my prescribing practice in the event that I had a single physician collaborator who decided to end the mandatory collaborative contract. It could be a simple decision by the physician to retire or relocate, but it would leave me trying to find and establish a new contract with another physician on what could be very short notice. It would leave patients in my care and those seeking care, without access to necessary pharmacotherapy, and it would potentially end much of my practice**

**This bill would not change anything any of us as APRNs do in practice; we would continue to collaborate with physicians, other APRNs and all the other health and social welfare providers that we currently collaborate with as patient need arises and safe practice dictates. APRNs would collaborate according to their professional standards of practice and professional ethics without the presently existing concerns about finding or about losing a mandatory collaborating physician and without ambiguity about who is responsible and liable for patients in their care. APRNs are responsible and liable now but the ambiguity raised by the current**

language has left physicians and APRNs concerned and has made many physicians unable to agree to engage in a collaboration contract.

There is enormous need in our communities for mental health services. This need is only going to be met if all providers are allowed to practice according to their professional certification, standards of practice, and state licensing, and if all providers are able to practice free of concern that they may be liable for the practice decisions of another profession. We thank you for giving consideration to these matters and ask that you will give this bill your support.

Lisabeth Johnston